ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Companion Document and Transaction Specifications for HIPAA 837 Encounter Transactions

Version 5.4
August 2009

Revision History

Date	Version	Description	Author
10/28/2003	1.0	Initial draft	AHCCCS Information Services Division
12/19/2003	2.0	Draft Companion Document for 837 Encounters implementation	AHCCCS Information Services Division
01/29/2004	3.0	Draft Companion Document for 837 Encounters implementation	AHCCCS Information Services Division
03/04/2004	4.0	Draft Companion Document for 837 Encounters implementation	AHCCCS Information Services Division
11/18/2004	5.0	Draft Companion Document for 837 Encounters implementation	AHCCCS Information Services Division
11/14/2005	5.1	Draft Companion Document for 837 Encounters implementation	AHCCCS Information Services Division
2/17/2005	5.1	Draft version converted to Final	AHCCCS Information Services Division
9/24/2007	5.2	NPI and Validator Updates	AHCCCS Information Services Division
09/25/2008	5.3	Validator Updates and System Service Request: 2007-0187 Accept Denied Encounters	AHCCCS Information Services Division
08/01/2009	5.4	System Service Request: 2009-0025-08 AHCCCSPARTIAL - For Institutional submissions with non-covered lines for invalid code set	AHCCCS Information Services Division

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1. Introduction

1.1 Document Purpose

Companion Documents

Companion Documents are intended to supplement the standard HIPAA Implementation Guides and are technical in nature. They are intended for technical staff members who are responsible for electronic transaction/file exchanges. This document provides specific information related to the fields and values reported in the AHCCCS 837 transaction.

Disclaimer

This Companion Document is a technical document describing the specific technical and procedural requirements between AHCCCS and its trading partners. It does not supersede either the health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize information conflicts. However, AHCCCS, the Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the AHCCCS Information Services Division immediately.

2. 837 Encounter Transaction

Encounter Transaction

An encounter is a record of a medically related service rendered by a registered AHCCCS provider to an AHCCCS member enrolled with a capitated contractor on the date of service.

Contractors are required to submit encounters for all services provided to AHCCCS members. This requirement is a special term and condition of the Center for Medicare and Medicaid Services (CMS) funding for the AHCCCS program. Refer to the Encounter Manual published on the AHCCCSA website at:
http://www.azahcccs.gov/commercial/ContractorResources/encounters/encounters.aspx

3. Technical Infrastructure and Procedures

3.1 Technical Environment

Technical Assistance and Help

The AHCCCS Information Services Division (ISD) Customer Support Center is the primary contact for all questions related to electronic transactions and data. The preferred method of contact is email. All inquiries result in Ticket Number assignment and problem tracking. The contact information is:

- **Email:** EDICustomerSupport@azahcccs.gov
- **Telephone Number:** (602) 417-4451
- **Hours:** 7:00 AM – 5:00 PM AZ Time, Monday through Friday
- **Information required for initial inquiry:**
  - Customer Name
  - Organization Name
  - Customer Email Address
  - Customer Telephone Number
  - Health Plan ID/Provider ID/Submitter ID
  - Transaction ID Inquiring About
  - File name
  - Submission Date
  - Applicable ISA/GS Control Numbers
  - Topic/Nature of Problem (setup, connectivity, etc.)
- **Information required for follow up inquiry:**
  - Ticket Number assigned by the Customer Support Center

3.2 Directory and File Naming Conventions

SFTS Directory Structure

AHCCCS Secure Enhanced File Transfer Server:
https://sftp.statemedicaid.us/AZ

HP Mnemonic\(PROD/TEST)\(EDI-IN/EDI-OUT)

- HP Mnemonic – The 3-byte acronym assigned by AHCCCS.
- Prod – The default directory name indicating it is the production environment.
- Test – The default directory name indicating it is the test environment.
- EDI-IN – The default directory name indicating inbound data.
- EDI-OUT – The default directory name indicating outbound data.

File Naming Conventions

The file naming conventions are as follows:

1. File name can be any name designated by the Health Plan/Program Contractor, but must not exceed 25 characters.
2. Files must not be zipped.
3. Files must be placed in folder *hhh*/PROD/EDI-IN, where *hhh* is the 3 digit Health Plan mnemonic.
4. Files are validated and translated when received, and are not held for verification.
5. Once a file is submitted it is not available for AHCCCSA staff to pull it out of the process. Please be certain that your files are ready for submission before placing them on the FTP site.
6. Files submitted for validation will have an "AHCCCS stamp" appended to the front of the file name. The stamp will be in format of AZE*t*_HP*xxxxxx*_*ccyymmddhhmmssss*, where:
   - *t* is I=Institution, P=Professional, D=Dental, N=NCPDP
   - *xxxxxx* is the health plan ID
   - *ccyymmdd* is date pulled from FTP server
   - *hhmmssss* is time pulled from FTP server
7. Any file received in the folder *hhh*/ /PROD/EDI-IN that is not an X12 file will be pulled from the FTP server and archived. No notification will be given and no further processing will occur. Please be careful to drop your files to the correct folder, as pulling these files from archive to confirm your error is a manual process that will delay your submissions.

8. File names will be displayed in the system as follows:
   - After validation, files can be viewed in Transaction Insight (TI) named as: AZE*t*_HP*xxxxxx_ccyymmddhhmmssss*_originalfilename.edi
   - After translation and importation to PMMIS (EC552 HIPAA Transmission Summary) files will be named as "original file name"

Acknowledgement Files:

Acknowledgement files (i.e., 997, 824, TA1) will have file name as: AZE*t*_HP*xxxxxx_ccyymmddhhmmssss*_originalfilename.(997,824, or TA1)

TA1 Interchange Acknowledgement Transactions
The TA1 Transaction is used to acknowledge receipt of file transmissions or interchanges of X12 Transactions and to notify the sender of problems in the ISA/IEA Interchange Envelope.

997 Functional Acknowledgement Transactions
The 997 Transaction is used to acknowledgement each GS/GE Envelope or Functional Group of one or more transactions within the interchange or to report on some types of syntactical errors.

824 Implementation Guide Reporting Transactions
For transmissions that are valid on the interchange level, the translator edits transactions and uses 824 Implementation Guide Reporting Transactions to report problems.

In addition to carrying error codes, the 824 Transaction shows the relative location of erroneous data structures with error position designators. For a large transaction, each of the generic edit code values can be repeated in many code to element combinations.

Submission Schedule

Health plans must transmit 837 Transactions to AHCCCS before the published Encounter submission deadline. The Encounter submission deadline is available on the AHCCCSA website at: http://www.azahcccs.gov/commercial/ContractorResources/encounters/encounters.aspx

4. Transaction Specifications

4.1 General Information

Overview

The purpose of these Transaction Specifications is to further identify the data elements used in the 837 Encounter Transaction to assist Health plans in preparing encounter data for submission to AHCCCS.

Transaction Specifications provide how individual data elements are populated by AHCCCS, including the ISA/IEA and GS/GE envelopes.

For 837 Encounter Transactions, AHCCCS is considered the "destination payer". The destination payer is the payer that receives and adjudicates a claim or encounter even when (as with AHCCCS) there is no direct payment as a result of adjudication.

837 loops, segments, and data elements that involve coordination of benefits with other payers are used in two ways:

- To show payments made to medical providers by the submitting health plan.
- To show payments made by third party carriers, including Medicare and commercial health insurance companies.

One iteration of the 2320 Other Subscriber Information Loop (and all data subservient to the 2320 Loop) is required for the submitting health plan for all 837 Transaction types. Up to nine additional situational iterations of the 2320 Loop are available for additional other payers.

With the exception of data elements in the Transaction Header Segment, all 837 Encounter Loops and elements within Segments are of variable length. Segments within loops and elements within segments occur only when data is present. There are no blank or null fields. In some situations, zero field values are acceptable.

Although the Dental 837 Transaction can be used to pre-approve dental services, AHCCCS does not use it in this manner and does not expect pre-approval data on dental encounters.

Size of Transmissions/ Batches

AHCCCS will accept files with a maximum physical file size of 200 megabytes. The total maximum number of encounters allowed in one interchange will be 250,000 regardless of the number of transactions sets (ST/SE). The total maximum number of encounters allowed in one transaction set (ST/SE) is 50,000, preferably 5,000 as suggested in the Implementation Guide.

Health Plan ID(s) in the 837 Encounter

Health plan identifications in the 837 encounter must contain the Health Plan ID, Transmission Submitter Number (TSN), and Input Mode for the entire interchange. The following is the expected layout, example and where this ID appears:

1. The GS02 segment must contain the 6-digit Health Plan ID followed by the 3 digit TSN.

2. Required as the Submitter
   1000A Submitter Name
   NM109 – Submitter Primary Identification Number

3. A required 2320 Other Subscriber Information Loop that represents the Health Plan
   2330B Other Payer Name
   NM109 – Other Payer Primary Identifier

4. A required 2430 Line Adjudication Loop that details the Health Plan Payment/Denial
   2430 Line Adjudication
   SVD01 – Payer Identifier

Where the above data elements of GS02, NM109 and SVD01 has a value with format: *hhhhhhttti*

- *hhhhhh* is the 6-digit Health plan ID
- *ttt* is the 3-digit TSN
- *I* is the 1-digit Input Mode; 2=Adjudicated/New Day Encounter or 6=Denied Encounter

Specific Encounter files

Denied Encounter Files

Denied Encounter files must have the input mode of '6' in Loop 1000A/NM109, a value of 'AHCCCSDENIED' in GS03 and add the extension of '.deny' to the file name.

Institutional submissions with non-covered lines for invalid code set

While all other data elements are identical to paid files, these files must have a value of 'AHCCCSPARTIAL' in GS03**.**

4.2 Transaction Specifications Table

Transaction Specifications Table

Definitions of table columns follow:

Loop ID
The Implementation Guide's identifier for a data loop within a transaction. Always "NA" in this situation because segments in outer envelopes have segments and elements but not loops.

Segment ID
The Implementation Guide's identifier for a data segment.

Element ID
The Implementation Guide's identifier for a data element within a segment.

Element Name
A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.

Element Definition/Length
How the data element is defined in the Implementation Guide. For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated. For this reason, field lengths are provided in this column after element definitions.

Valid Values
The valid values from the Implementation Guide that are used by AHCCCS.

Definition/Format
Definitions of valid values used by AHCCCS and additional information about AHCCCS data element requirements.

ISA/IEA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
ISA INTERCHANGE HEADER						
NA	ISA	ISA01	AUTHORIZATION INFORMATION QUALIFIER	Code to identify the type of information in the Authorization Information Element/2 Bytes	00	No Authorization Information Present
NA	ISA	ISA03	SECURITY INFORMATION QUALIFIER	Code to identify the type of information in the Security Information/2 bytes	00	No Security Information present
NA	ISA	ISA05	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 bytes	ZZ	Mutually Defined
NA	ISA	ISA06	INTERCHANGE SENDER ID	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element/15 bytes		The Interchange Sender ID consists of a 3-byte acronym assigned by AHCCCS followed by the submitter's Tax ID.
NA	ISA	ISA07	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 bytes	ZZ	Mutually Defined
NA	ISA	ISA08	INTERCHANGE RECEIVER ID	Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them/15 bytes		"AHCCCS" followed by the nine-digit AHCCCS Federal Tax ID number ("AHCCCS866004791")
NA	ISA	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer/1 character	U	U.S. EDI Community of ASC X12, TDCC, and UCS
NA	ISA	ISA13	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 bytes		ISA13 must be unique within all transmissions (i.e., files) submitted to AHCCCS by the same entity. AHCCCS tracks this number to guard against duplicate file submissions. ISA13 must also be identical to the control number in Interchange Trailer element IEA02.
NA	ISA	ISA14	ACKNOWLEDGEMENT REQUESTED	Code sent by the sender to request an Interchange Acknowledgement (TA1)/1 character	0	Interchange Acknowledgement Requested AHCCCS returns a TA1 Application Acknowledgement to the encounter submitter if there are errors in the outer envelope.

ISA/IEA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
NA	ISA	ISA16	COMPONENT ELEMENT SEPARATOR	The delimiter value used to separate components of composite data elements/1 character		Trading partners can use any conventions they wish to establish separators or delimiters within transactions. The AHCCCS translator interprets separator values from their use in ISA Segments and in ISA16. Trading partners are free to adopt the values used by AHCCCS on outgoing transactions (see below). Delimiter values, by definition, cannot be used as data, even within free-form messages. The following separator or delimiter values are used by AHCCCS on outgoing transactions and are available to encounter submitters: Segment Delimiter - “~’ (tilde – hexadecimal value X”7E”) Element Delimiter - “{“ (left rounded bracket – hexadecimal value X”7B”) Composite Component Delimiter (ISA16) - “|” (pipe – hexadecimal value X”7C”) These values are used because they are not likely to occur within transaction data.

GS/GE FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**
GS FUNCTIONAL GROUP HEADER						
NA	GS	GS02	APPLICATION SENDER'S CODE	Code identifying party sending transmission; codes agreed to by trading partners		The Application Sender's Code consists of the 6-digit AHCCCS Health Plan ID, the 3 digit TSN, and Input Mode.
NA	GS	GS03	APPLICATION RECEIVER'S CODE	Codes identifying party receiving transmission. Codes agreed to by trading partners	AHCCCS866004791 Or AHCCCSDENIED Or AHCCCSPARTIAL	"AHCCCS" followed by the nine-digit AHCCCS Federal Tax ID number ("AHCCCS866004791") Or "AHCCCSDENIED" for Denied Encounter files Or "AHCCCSPARTIAL" for Institutional submissions with non-covered lines for invalid code set
NA	GS	GS05	TIME	Time on a 24-hour clock in HHMM format.		The functional group creation time.
NA	GS	GS06	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		A control number for the functional group of transactions.

837 PROFESSIONAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
N/A	ST	ST01	Transaction Set Identifier Code	Code uniquely identifying a Transaction Set	837	Health Care Claim
N/A	ST	ST02	Transaction Set Control Number	The unique identification number within a transaction set functional group		An identification number for the 837 Professional transaction that is unique within the transaction's functional group. As implemented by AHCCCS, 837 Professional Transactions must occur within functional groups defined by ASC X12 GS/GE envelopes. The value in ST02 must be repeated in the SE02 Element at the end of the transaction.
N/A	BHT	BHT01	Hierarchical Structure Code	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	0019	Information Source, Subscriber, Dependent The "0019" value is required in the 837 Professional Implementation Guide even when Dependent Segments are not present.
N/A	BHT	BHT02	Transaction Set Purpose Code	Code identifying purpose of transaction set	00 18	Original Reissue BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status. ORIGINAL: Original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original. REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.
N/A	BHT	BHT03	Originator Application Transaction Number	Trace or control number assigned by the originator of the transaction		A Transaction Identification Number, or inventory file number, assigned by the 837 Professional submitter. This number operates as a batch control number. It may or may not be identical to the number carried in ST02.
N/A	BHT	BHT04	Transaction Set Creation Date	Identifies the date the submitter created the transaction		The date on which the 837 Professional Transaction is created in CCYYMMDD format.
N/A	BHT	BHT05	Transaction Set Creation Time	Time file is created for transmission		The time at which the transaction is created in HHMMSS format
N/A	BHT	BHT06	Claim or Encounter Identifier	Code specifying the type of transaction	RP	Reporting RP is used when the entire ST-SE envelope contains encounters.

837 PROFESSIONAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
1000A	NM1	NM109	Submitter Identifier	Code or number identifying the entity submitting the claim		Submitting health plans are identified by a 6-digit AHCCCS Health Plan ID, the 3 digit TSN, and Input Mode.
1000A	PER	PER01	Contact Function Code	Code qualifying the major duty or responsibility of the person or group named.	IC	Information Contact for BBA (Balanced Budget Act) Data Certification Process.
1000A	PER	PER02	Submitter Contact Name	The name of the person who is attesting to the file.		The name of the person who is attesting to the file. 60 character maximum.
1000A	PER	PER03	Communication Number Qualifier	Code qualifying the communications number.	ED	Electronic Data Interchange Access Number
1000A	PER	PER04	Communication Number	The file certification.	TOMYKNOWLEDGEINFORMATIONANDBELIEFTHEDATAINTHISFILEISACCURATECOMPLETEANDTRUE	The file certification. 80 character maximum.
1000A	PER	PER05	Communication Number Qualifier	Code qualifying the communications number.	EM	Electronic Mail
1000A	PER	PER06	Communication Number	The email address of the person who is attesting to the file.		The email address of the person who is attesting to the file which must be compliant with BBA specifications. 80 character maximum.
1000A	PER	PER07	Communication Number Qualifier	Code qualifying the communications number.	TE	Telephone Number
1000A	PER	PER08	Communication Number	The telephone number of the person certifying the file.		The telephone number of the person certifying the file including country or area code when applicable.
1000B	NM1	NM103	Receiver Name	Name of organization receiving the transaction	AHCCCS	The transaction receiver
1000B	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	46	Electronic Transmitter Identification Number (ETIN)
1000B	NM1	NM109	Receiver Primary Identifier	Primary identification number for the receiver of the transaction	866004791	The AHCCCS Federal Tax ID
2010AA	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	 24 34 XX 	The qualifier for the Federal Tax ID used by atypical service providers. Employer's Identification Number Social Security Number The qualifier for the NPI used by health care service providers. National Provider Identifier Group Billers enter the group's information.
2010AA	NM1	NM109	Billing Provider Identifier	Primary identification for the billing provider		The billing provider's EIN, SSN or NPI.

837 PROFESSIONAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2010AA	REF	REF02	Billing Provider Additional Identifier	Secondary identification for the billing provider		Atypical Service Providers should submit the Billing Entity's 6-digit AHCCCS Provider ID and 2-digit Location Code. Health Care Service Providers submitting the NPI should populate this field with the Tax ID.
2010AB	NM1	NM109	Pay-to Provider Identifier	Primary identification for the pay-to provider		The Pay-To Entity's EIN, SSN or NPI
2010AB	REF	REF02	Pay-to Provider Additional Identifier	Secondary identification for the pay-to provider		The Pay-To Entity's 6-digit AHCCCS Provider ID and 2-digit Location Code
2300	CN1	CN101	Contract Type Code	Code identifying a contract type	02 03 04 05 06 09	Per Diem Variable Per Diem Flat Capitated Percent Other
2300	AMT	AMT02	Total Purchased Service Amount	Amount of charges associated with the claim attributable to purchased services		Required if there are purchased service components to an encounter.
2300	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	F8	Original Reference Number Required for replacement and void encounters (CLM05-3 = "7" or "8").
2300	REF	REF02	Claim Original Reference Number	Number assigned by a processor to identify a claim		For replacement and void encounters (CLM05-3 = "7" or "8"), the AHCCCS Claim Reference Number (CRN) of the prior encounter being replaced or voided.
2300	REF	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	EA	Medical Record Number
2300	REF	REF02	Medical Record Number Reference Identification	Medical record number		The Medical Record Number assigned to the AHCCCS recipient by the servicing organization
2310B	NM1	NM109	Rendering Provider Identifier	Primary identification for the rendering provider		The Service Provider's EIN, SSN or NPI
2310B	REF	REF02	Rendering Provider Secondary Identifier	Secondary identification for the rendering provider		Atypical Service Providers For all claims except Medicare crossovers, the AHCCCS ID and Location Code of the rendering provider. Submit this number with two leading zeros. The format is 00aaaaaall when aaaaaa is the AHCCCS Provider ID and ll the Location Code. Health Care Service Providers This REF02 Provider ID field should always be populated, both when the Billing Provider and the Rendering Provider are the same and when they are different. On Medicare crossovers, use the Medicare Provider ID without leading zeros.

837 PROFESSIONAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2330A	NM1	NM109	Other Insured Identifier	An identification number, assigned by the third party payer, to identify the additional insured individual		The 9-digit AHCCCS ID
2330B	NM1	NM109	Other Payer Primary Identifier	An identification number for the other payer		The 6-digit AHCCCS Health Plan ID followed by the 3 digit TSN.
2330B	REF	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	F8	Original Reference Number
2330B	REF	REF02	Other Payer Secondary Identifier	Additional identifier for the other payer organization		The health plan or other payer's Claim Number for the claim that generated this encounter.

837 DENTAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
N/A	ST	ST02	Transaction Set Control Number	The unique identification number within a transaction set functional group		An identification number for the 837 Dental transaction that is unique within the transaction's functional group. As implemented by AHCCCS, 837 Dental Transactions must occur within functional groups defined by ASC X12 GS/GE envelopes. The value in ST02 must be repeated in the SE02 Element at the end of the transaction.
N/A	BHT	BHT03	Originator Application Transaction Number	Trace or control number assigned by the originator of the transaction		A Transaction Identification Number, or inventory file number, assigned by the 837 Dental requester. This number operates as a batch control number. It may or may not be identical to the number carried in ST02.
N/A	BHT	BHT06	Claim or Encounter Identifier	Code specifying the type of transaction	RP	Reporting RP is used when the entire ST-SE envelope contains encounters.
1000A	NM1	NM109	Submitter Identifier	Code or number identifying the entity submitting the claim		Submitting health plans are identified by a 6-digit AHCCCS Health Plan ID, the 3 digit TSN, and Input Mode.
1000A	PER	PER01	Contact Function Code	Code qualifying the major duty or responsibility of the person or group named.	IC	Information Contact for BBA (Balanced Budget Act) Data Certification Process.
1000A	PER	PER02	Submitter Contact Name	The name of the person who is attesting to the file.		The name of the person who is attesting to the file. 60 character maximum.
1000A	PER	PER03	Communication Number Qualifier	Code qualifying the communications number.	ED	Electronic Data Interchange Access Number
1000A	PER	PER04	Communication Number	The file certification.	TOMYKNOWLEDGEINFORMATIONANDBELIEFTHEDATAINTHISFILEISACCURATECOMPLETEANDTRUE	The file certification. 80 character maximum.
1000A	PER	PER05	Communication Number Qualifier	Code qualifying the communications number.	EM	Electronic Mail
1000A	PER	PER06	Communication Number	The email address of the person who is attesting to the file.		The email address of the person who is attesting to the file which must be compliant with BBA specifications. 80 character maximum.
1000A	PER	PER07	Communication Number Qualifier	Code qualifying the communications number.	TE	Telephone Number
1000A	PER	PER08	Communication Number	The telephone number of the person certifying the file.		The telephone number of the person certifying the file including country or area code when applicable.
1000B	NM1	NM103	Receiver Name	Name of organization receiving the transaction	AHCCCS	The transaction receiver
1000B	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	46	Electronic Transmitter Identification Number (ETIN)
1000B	NM1	NM109	Receiver Primary Identifier	Primary identification number for the receiver of the transaction	866004791	AHCCCS Federal Tax ID

837 DENTAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2010AA	NM1	NM109	Billing Provider Identifier	Primary identification for the billing provider		The Billing Entity's EIN, SSN or NPI
2010AA	REF	REF02	Billing Provider Additional Identifier	Secondary identification for the billing provider		Atypical Service Providers should submit the Billing Entity's 6-digit AHCCCS Provider ID and 2-digit Location Code. Health Care Service Providers submitting the NPI should populate this field with the Tax ID.
2010AB	NM1	NM109	Pay-to Provider Identifier	Primary identification for the pay-to provider		The Pay-To Entity's EIN, SSN or NPI
2010AB	REF	REF02	Pay-to Provider Additional Identifier	Secondary identification for the pay-to provider		The Pay-To Entity's 6-digit AHCCCS Provider ID and 2-digit Location Code
2300	DN2	DN202	Tooth Status Code	Code specifying the status of the tooth	E I M	Tooth Status Code To be extracted Impacted Missing
2300	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	F8	Original Reference Number Required for replacement and void encounters (CLM05-3 = "7" or "8").
2300	REF	REF02	Claim Original Reference Number	Number assigned by a processor to identify a claim		For replacement and void encounters, the AHCCCS Claim Reference Number (CRN) of the prior encounter being replaced or voided.
2310B	NM1	NM109	Rendering Provider Identifier	Primary identification for the rendering provider		The Service Provider's EIN, SSN or NPI
2310B	REF	REF02	Rendering Provider Secondary Identifier	Secondary identification for the rendering provider		Atypical Service Providers For all claims except Medicare crossovers, the AHCCCS ID and Location Code of the rendering provider. Submit this number with two leading zeros. The format is 00aaaaaall when aaaaaa is the AHCCCS Provider ID and ll the Location Code. Health Care Service Providers This REF02 Provider ID field should always be populated, both when the Billing Provider and the Rendering Provider are the same and when they are different. On Medicare crossovers, use the Medicare Provider ID without leading zeros.
2330A	NM1	NM109	Other Insured Identifier	An identification number, assigned by the third party payer, to identify the additional insured individual		The 9-digit AHCCCS ID
2330B	NM1	NM109	Other Payer Primary Identifier	An identification number for the other payer		The 6-digit Health Plan ID followed by the 3-digit TSN
2230B	REF	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	F8	Original Reference Number
2330B	REF	REF02	Other Payer Secondary Identifier	Additional identifier for the other payer organization		The health plan or other payer's Claim Number for the claim.

837 DENTAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2330B	REF	REF02	Other Payer Claim Adjustment Indicator	Indication that the claim is an adjustment of a previously adjudicated claim		Health Plan's Indication of Claim Re-Adjudication
2420B	NM1	NM109	Other Payer Referral Number	The non-destination (COB) payer's service line level referral number		The other payer's identification number. It must be the same as a payer's ID Number in a claim level 2330B Loop.

837 INSTITUTIONAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
N/A	ST	ST02	Transaction Set Control Number	The unique identification number within a transaction set functional group		An identification number for the 837 Institutional transaction that is unique within the transaction's functional group. As implemented by AHCCCS, 837 Institutional Transactions must occur within functional groups defined by ASC X12 GS/GE envelopes. The value in ST02 must be repeated in the SE02 Element at the end of the transaction.
N/A	BHT	BHT03	Originator Application Transaction Number	Trace or control number assigned by the originator of the transaction		A Transaction Identification Number, or inventory file number, assigned by the 837 Institutional requester. This number operates as a batch control number. It may or may not be identical to the number carried in ST02.
N/A	BHT	BHT06	Claim or Encounter Identifier	Code specifying the type of transaction	RP	Reporting RP is used when the entire ST-SE envelope contains encounters.
1000A	NM1	NM109	Submitter Identifier	Code or number identifying the entity submitting the claim		Submitting health plans are identified by a 6-digit AHCCCS Health Plan ID, the 3 digit TSN, and Input Mode.
1000A	PER	PER01	Contact Function Code	Code qualifying the major duty or responsibility of the person or group named.	IC	Information Contact for BBA (Balanced Budget Act) Data Certification Process.
1000A	PER	PER02	Submitter Contact Name	The name of the person who is attesting to the file.		The name of the person who is attesting to the file. 60 character maximum.
1000A	PER	PER03	Communication Number Qualifier	Code qualifying the communications number.	ED	Electronic Data Interchange Access Number
1000A	PER	PER04	Communication Number	The file certification.	TOMYKNOWLEDGEINFORMATIONANDBELIEFTHEDATAINTHISFILEISACCURATECOMPLETEANDTRUE	The file certification. 80 character maximum.
1000A	PER	PER05	Communication Number Qualifier	Code qualifying the communications number.	EM	Electronic Mail
1000A	PER	PER06	Communication Number	The email address of the person who is attesting to the file.		The email address of the person who is attesting to the file which must be compliant with BBA specifications. 80 character maximum.
1000A	PER	PER07	Communication Number Qualifier	Code qualifying the communications number.	TE	Telephone Number
1000A	PER	PER08	Communication Number	The telephone number of the person certifying the file.		The telephone number of the person certifying the file including country or area code when applicable.
1000B	NM1	NM103	Receiver Name	Name of organization receiving the transaction	AHCCCS	The transaction receiver
1000B	NM1	NM108	Information Receiver Identification Number	The identification number of the individual or organization who expects to receive information in response to a query	46	Electronic Transmitter Identification Number (ETIN)
1000B	NM1	NM109	Receiver Primary Identifier	Primary identification number for the receiver of the transaction	866004791	AHCCCS Federal Tax ID

837 INSTITUTIONAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2010AA	NM1	NM109	Billing Provider Identifier	Primary identification for the billing provider		The Billing Entity's EIN, SSN or NPI
2010AA	REF	REF02	Billing Provider Additional Identifier	Secondary identification for the billing provider		Atypical Service Providers should submit the Billing Entity's 6-digit AHCCCS Provider ID and 2-digit Location Code. Health Care Service Providers submitting the NPI should populate this field with the Tax ID.
2010AB	NM1	NM109	Pay-to Provider Identifier	Primary identification for the pay-to provider		The Pay-To Entity's EIN, SSN or NPI
2010AB	REF	REF02	Pay-To Provider Additional Identifier	Secondary identification for the pay-to provider		The Pay-To Entity's 6-digit AHCCCS Provider ID and 2-digit Location Code
2300	CN1	CN101	Contract Type Code	Code identifying a contract type	01 02 03 04 05 06 09	Diagnosis Related Group (DRG) Per Diem Variable Per Diem Flat Capitated Percent Other Enter the value that best describes the facility's relationship to the health plan.
2300	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	F8	Original Reference Number This REF Segment is required on replacement and void claims. The Original Reference Number is the AHCCCS CRN assigned to the encounter being replaced or voided (when CLM05-3 = "7" or "8").
2300	REF	REF02	Claim Original Reference Number	Number assigned by a processor to identify a claim		The AHCCCS assigned Claim Reference Number (CRN) for the encounter being replaced or voided.
2300	REF	REF01	Reference Identification Qualifier	Code qualifying the Reference Identification	EA	Medical Record Number
2300	REF	REF02	Medical Record Number Reference Identification	Medical record number		The Medical Record Number assigned to the AHCCCS recipient by the servicing organization
2310E	NM1	NM109	Service Facility Primary Identifier	Primary identification for the service provider		The Service Provider's EIN, SSN or NPI

837 INSTITUTIONAL ENCOUNTER TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2310E	REF	REF02	Service Facility Secondary Identifier	Secondary identification for the service provider		Atypical Service Providers For all claims except Medicare crossovers, the AHCCCS ID and Location Code of the rendering provider. Submit this number with two leading zeros. The format is 00aaaaaall when aaaaaa is the AHCCCS Provider ID and ll the Location Code. Health Care Service Providers This REF02 Provider ID field should always be populated, both when the Billing Provider and the Rendering Provider are the same and when they are different. On Medicare crossovers, use the Medicare Provider ID without leading zeros.
2330A	NM1	NM109	Other Insured Identifier	An identification number, assigned by the third party payer, to identify the additional insured individual		The 9-digit AHCCCS ID
2330B	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	PI	Payer identification
2330B	NM1	NM109	Other Payer Primary Identifier	An identification number for the other payer		The 6-digit Health Plan ID followed by the 3-digit TSN
2330B	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	F8	Original Reference Number Use code F8 to indicate the payer's claim number assigned to this claim by the health plan or other payer referenced in this iteration of Loop 2330B.
2330B	REF	REF02	Other Payer Secondary Identifier	Additional identifier for the other payer organization		The health plan's or other carrier's claim control number for the claim the resulted in this encounter. This is not the CRN that AHCCCS assigns to the encounter.

ISA/IEA INTERCHANGE CONTROL ENVELOPE TRANSACTION SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
IEA INTERCHANGE TRAILER						
NA	IEA	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	A count of the number of functional groups included in an interchange/5 characters		The number of functional groups of transactions in the interchange
NA	IEA	IEA02	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 characters		A control number identical to the header-level Interchange Control Number in ISA13.

GE FUNCTIONAL GROUP TRAILER							
NA	GE	GE01	NUMBER OF TRANSACTION SETS INCLUDED	The number of transactions in the functional group ended by this trailer segment			Transmission sender
NA	GE	GE02	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		This number must match the control number in GS06.	Transmission sender